

# ISLAND COUNTY PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT

PHONE: (360) 679-7344 ■ from Camano (360) 629-4522 ■ from S. Whidbey (360) 321-5111 FAX: (360) 679-7306 ■ P. O. Box 5000, Coupeville, WA 98239-5000

# WATER SYSTEM REVIEW APPLICATION

Purpose of a Water System Review: To establish that water systems' current and future service areas meet the needs of Island County as defined in the Island County Comprehensive Plan, the Island County Development Regulations and the Island County Coordinated Water System Plan.

**REMEMBER:** All of the requested items listed below must be provided and complete at the time of application or the application will not be accepted. The purpose of this cover sheet and checklist is to ensure that minimum requirements have been met before an application can be accepted at the counter. After the application is accepted, a more detailed review will be provided to ensure the application is technically complete. Please use the Applicant Checklists below and throughout this application form (Parts A and B) to ensure you have provided all the information required for your project.

#### COUNTER CHECKLIST

| Applicant                | Application Requirement  | County     |
|--------------------------|--|------------|
|                          | Completed Water System Review Form (Parts A and B);  |            |
|                          | Signatures of authorized water system operator;  |            |
|                          | Answers to the questions in Part A are completed;  |            |
|                          | Answers to the questions in Part B are completed;  |            |
|                          | A legible plot plan showing required elements (See Part B); AND  |            |
|                          | Neighborhood Vicinity Map. (See Part B).   |            |
| rules, reg<br>statements | certify that I am the authorized applicant named above and that I have familiarized myse ulations, and procedures with respect to preparing and filing this application ans, answers and information provided as part of this submittal are in all respects complete to the best of my knowledge and belief. | d that all |
| accurate to              | o the best of my knowledge and belief.   |            |
|                          |  |            |
| ** REMEN                 | lease Print)  Signature (Owner or Authorized Agent)  Date  MBER: IF THE SIGNATURE IS OTHER THAN THE PROPERTY OWNER, THEN A WRITTEN IS MUST ACCOMPANY THIS APPLICATION.   | LETTER OF  |



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Phillip Bakke, AICP, Director

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### WATER SYSTEM REVIEW

| Application Number Date Received Ber Paid Ber Paid |  |
|--|--|
|  |  |
|  |  |

Application information is to be TYPED or NEATLY PRINTED AND SIGNED IN BLUE INK. Please provide all information requested. If any portion is not applicable, enter N/A in the blank. Submit the **original and2 copies** of this application and all necessary documentation and plans as outlined on the Application Checklist to the Island County Department of Planning and Community Development. Illegible and/or incomplete applications will not be accepted. An application will not be considered technically complete until a Notice of Application is provided.

### PART A

| HEAD OF WATER SYSTEM               |                     |                       |          | Signature        |               |  |
|------------------------------------|---------------------|-----------------------|----------|------------------|---------------|--|
| Address                            |                     |                       |          | Phone            |               |  |
| CONTACT PERSON*                    |                     |                       |          | Signature        |               |  |
| Address                            |                     |                       |          | Phone            |               |  |
| OWNER                              |                     |                       |          | _ Signature      |               |  |
| Address                            |                     |                       |          | Phone            |               |  |
| NAME OF WATER                      |                     |                       |          |                  |               |  |
| Assessor Parcel Num                | ber(s)              | I                     | lat Nar  | me               |               |  |
| Section(s)                         |                     |                       | Range    |                  |               |  |
| Location: North Whi                | dbey 🔲              | Central Whidbey       | So       | uth Whidbey 🗌 Ca | mano Island 🔲 |  |
| Comprehensive Plan                 | Land Use Designa    | tion(s)               |          | Zoning           |               |  |
| Allowed Number of Water Shares Num |                     |                       |          |                  |               |  |
|                                    |                     |                       |          |                  |               |  |
| BRIEF DESCRIPTION                  | ON OF PROPOSA       | L                     |          |                  |               |  |
|                                    |                     |                       |          |                  |               |  |
| Other County, State o              | r Federal Applicati | ons or Permits Obtain | ed or Pe | ending:          |               |  |
|                                    |                     |                       |          |                  |               |  |
|                                    |                     |                       |          |                  |               |  |

<sup>\*</sup> The authorized Contact Person will be the only party that will receive correspondence, reports, notices and inquiries.

# PART B WATER SYSTEM REVIEW

To aid in the orderly development of water systems located within Island County and to ensure that water systems meet the zoning goals and criteria outlined in the Island County Comprehensive Plan and Development Regulations, purveyors are required to complete the water system review.

Supplemental Review Requirements: In addition to the information required in Part A, the following must also be submitted for the Water System Review. All written and mapped materials shall be legible and shall include or show the requirements listed below.

| Q  | uestions.  |
|----|--|
| a) | Legal description of the water system's current and future service areas, including parcel numbers and sizes (note if attached):             |
|    |  |
|    |  |
| b) | Names, addresses and telephone numbers of associated professional consultants such as geologists or engineers not identified on cover sheet: |
|    |  |
| c) | Description of the system's wells and/or surface intakes, including their location, size, capacity, and associated equipment:                |
| d) | Description of the system's storage capacity, including location, size, capacity, and associated equipment:                                  |
|    |  |

2. Checklist. The following is a checklist to assure that all the items necessary for the water system review are included.

| Applicant | Application Requirement   | County |  |
|-----------|---|--------|--|
|           | BASIC PLOT PLAN. Legible map(s) on sheets no larger than 11" by 17" that includes the following:  |        |  |
| ·         | Drawn to a standard engineering scale not to exceed 1" = 500'. Indicate the engineering scale and provide a bar scale.  | ·      |  |
|           | North Arrow.  |        |  |
|           | Boundaries and dimensions of all parcels within the service and source areas.  Label lots that are currently serviced, lots that have been allocated water shares, but do not have service yet, and lots that are within the future service area. |        |  |
| <u> </u>  | Location, size, and purpose of all existing buildings (temporary or permanent) and proposed buildings related to the water system. Label each as existing or proposed.  |        |  |
|           | Location, dimensions and volume of all existing and proposed water lines, labeled as existing or proposed.  |        |  |
|           | Distances between property lines and existing and proposed buildings and between buildings related to the water system.   |        |  |
|           | Width and name of road(s) bordering and crossing the service and source areas.  |        |  |
|           | Any and all easements (access, utility, drainage, etc.) on the property including their width. Label them with intended use and the Auditor File No.  |        |  |
|           | Location of septic tank, drainfield, reserve area and tightline within 250' of well(s).   |        |  |
|           | Location of all fire hydrants connected to the water system.  |        |  |
|           | NEIGHBORHOOD VICINITY MAP that includes the following:  |        |  |
|           | Drawn to scale with a north arrow.  |        |  |
|           | Roadways, parcels, and driveways within 100 feet of the subject sites in all directions.  |        |  |
|           | Location of adjacent and nearby watery system boundaries.   |        |  |